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SECRETARY OF STATE OF CORPORATIONS

C. LEWIS

JAN 3 1 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

North County Center for Digestive Health, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mitchell Flaxman, MD

Name of Person

North County Center for Digestive Health, LLC

Firm/Company

1002 S. Old Dixie Highway, Ste 201

Address

Jupiter, FL 33458-7202

City/State and Zip Code

controller@digestivecareonline.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

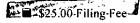
Mitchell Flaxman, MD

.,561**.744-220**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North County Center for Digestive Health, LLC

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 JAN 30 PM 12: 20

(Name of the Limited (A	Liability Company Florida Limited Lia	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L10000026757</u>	ability Company v	were filed on		and assigned
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of		ity company here:		
Flaxman, Maxson and Stein, M.D.'s, L	LC			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company,"	the designation "LLC"	or the abbreviation
Enter new principal offices address, if applica	ible:	unchanged		
(Principal office address MUST BE A STREE)	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	unchanged		
B. If amending the registered agent and/or registered agent and/or the new registered of			records, <u>enter the 1</u>	name of the new
Name of New Registered Agent:	anonangoa			
New Registered Office Address:				
	Enter Florida street address , Florida			
		City		ip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> **Address** Type of Action <u>Name</u> unchanged Remove Remove Remove Remove

D. If amending any other informat Name change o	tion, enter change(s) here: <i>(Attach</i> nlv effective Februar)	n additional sheets, if necessary of STATE / 1, 2013 SECRETARY OF STATE DIVISION OF CORPORATION
		2013 JAN 30 PM 12: 20
Dated January 28		
- Mite	heel Hander of a member or authorized representations of a member	esentative of a member
Mitchell Flaxma	•	

Page 3 of 3

Filing Fee: \$25.00